



Bib Data Sheet


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SERIAL NUMBER 09/441,107	FILING DATE 11/16/1999 RULE _	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. STA-22						
APPLICANTS NED HOFFMAN, SEBASTOPOL, CA ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/09/1999										
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 2					
ADDRESS SMARTTOUCH INC ALI KAMAREI ESQ 727 ALLSTON WAY BERKELEY ,CA 94710										
TITLE SYSTEM AND METHOD FOR TOKENLESS BIOMETRIC ELECTRONIC SCIP										
FILING FEE RECEIVED 661	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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